FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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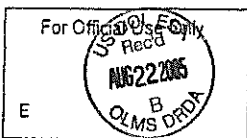
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10921	2. Fiscal Year Covered From: 7 / 1 / 04 Through: 6 / 30 / 05

3. Name and address of person filing.

Name Paul F Gagno

P.O. Box, Bldg., Room No., if any

Street 10058 Ives Way

City Maple Grove

State MN   ZIP Code + 4 55364

4. Name, file number, and address of labor organization.

Name Painter Local 386

Labor Organization File Number 047882

P.O. Box, Building and Room Number, if any

Street 3205 Country Drive

City Little Canada MN

State MN   ZIP Code + 4 55117

5. Position in labor organization. E-Board member

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 8-2-05   612-919-5407
    Date   Telephone Number